## **FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H30417

(0)

RAINBOW SERVICES OF PANAMA CITY CORPORATION

| Principal Place                | of Business  | Mailing Add                | iress   | v.,            | ·<br>   |  |  |  |
|--------------------------------|--|----------------------------|---|----------------|---|--|--|--|
| 8034 HIGHPOIN<br>PANAMA CITY I | IT RD.   | 8034 HIGHPO                | 8034 HIGHPOINT RD.<br>PANAMA CITY FL 32404-5259 |                |   |  |  |  |
|                                |  |                            |   |                |   | 3. Date Incorporated or Qualified 11/19/1984   | 3a. Date of Last Report<br>02/22/1996  |  |
| 2. Principal Pla               | acc of Business  | 2a. Mailing /              | Address   | ·              |   | 4, FEI Number  | Applied For  |  |
| 21                             |  | 26                         | <u> </u>  |                |   | 59-2456219   | Not Applicable   |  |
| Suite, Apt #                   | t, etc.  | <b>├</b> ¬                 | Suite, Apt. #, etc.                             |                |   | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required   |  |
| City & State                   | · · · · · · · · · · · · · · · · · · ·  | [27]<br>Cilv & St          | City & State                                    |                |   | 6. Election Campaign Financing   |  |  |
| 23                             |  | 28                         | (MC   |                |   | Trust Fund Contribution  | \$5.00 May Be Added to Fees  |  |
| Zip                            | Country  | Zip                        |   | Country        | <del></del>   | 8. This corporation has liability for i  | ntangible tax under s. 199.032,  |  |
| 24                             | 4 25   |                            |   | 30             |   | Florida Statutes   |  |  |
|                                | 9. Name and Address of Cu  | irrent Registered Age      | ent   | - 01           | T 11-ma   | 10. Name and Address of New Re   | gistered Agent   |  |
|                                | AEFER, MICHAEL W.  |                            |   | 81             | Name  | ·  |  |  |
|                                | HIGHPOINT RD.  |                            |   |                | 32 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
| PAN                            | AMA CITY FL  |                            |   | 83             | 83  |  |  |  |
|                                |  |                            |   |                |   |  |  |  |
|                                |  |                            |   | 84             | City  |  | 65 Zip Code  |  |
| 11. Pursuant t                 | o the provisions of Sections 607   | .0502 and 607 1508, I      | Florida Statute                                 | es, the abov   | e-named co  | rporation submits this statement for the p   | urpose of changing its registered  |  |
| office or re                   | ogistered agent, or both, in the S<br>mifamiliar with, and accept the c  | State of Florida, Such o   | change was a                                    | authorized b   | y the corpor  | ation's board of directors. I hereby accept  | it the appointment as registered   |  |
| SIGNATURE                      | the transfer on the transfer of the transfer o |                            |   | ,,,e= <b>2</b> | -   |  |  |  |
| STOTATION .                    | Signature, typed or printed name of registers  |                            | (NOTE   |                | ent signature req                                     | uired when reinstating)  | DATE   |  |
| 12.                            | OFFICERS   | S AND DIRECTORS            |   | 13.            |   | ADDITIONS/CHANGES TO OFFIC   |  |  |
| THE                            | P  | L                          | DELETE  | 1.1 TITLE      | 1   |  | Change Addition  |  |
| NAME                           | SCHAEFER, MICHAEL W.   |                            |   | 1.2 NAME       |   |  | J  |  |
| SIRCEL ADDRESS                 | 8034 HIGHPOINT RD.<br>PANAMA CITY FL   |                            |   | 1              | T ADDRESS   | :  |  |  |
| CHY+S1+7/P<br>DILE             | PANAMA CILL FL   | Г                          | DELETE  | 14 CiTY-5      | ST - ZIP  |  | Change Addition  |  |
| NAME                           |  | L-                         |   | 2.2 NAME       | 1   |  | C CHRIST   |  |
| STHEET ADDRESS                 |  |                            |   |                | T ADDRESS   |  |  |  |
| CHY-S1-76                      | ·  |                            |   | 2.4 CITY-      |   | e e e e e e e e e e e e e e e e e e e  |  |  |
| Hit                            |  | [                          | DELETE  | 3.1 TITLE      | 31 - 211  |  | Change Addition  |  |
| NAM:                           |  |                            | _   | 3.2 NAME       |   |  | <del></del>  |  |
| STREET ADDRESS                 |  |                            |   |                | T ADDRESS   |  |  |  |
| City Starie                    |  |                            |   | 3.4. CITY-     |   |  |  |  |
| DPLF                           |  | Ι                          | DELETE  | 4.1 TITLE      |   |  | Change Addition  |  |
| NAME                           |  |                            |   | 4. 2 NAME      | .   |  |  |  |
| STREET ADURESS                 |  |                            |   | 4.3 STREE      | T ADDRESS   |  |  |  |
| City-St-zir                    |  |                            |   | 4.4 CITY -     | ST-ZIP  |  |  |  |
| UILF                           | The state of the s |                            | DELETE  | 5.1 YITLE      |   |  | Change Addition  |  |
| NAM:                           |  |                            |   | 5.2 NAME       | 1   |  |  |  |
| STREET ADDRESS                 |  |                            |   | 53 STREET      | T ADDRESS   |  |  |  |
| CITY - SE ZEE                  |  |                            |   | 5.4 CITY-      | ST-ZIP  |  | 2  |  |
| 1011.6                         |  | L                          | DELETE  | 6.1 TITLE      |   |  | Change Addition  |  |
| NAME                           |  |                            |   | 6.2 NAME       | 1   |  |  |  |
| STREET ADDRESS                 |  |                            |   | 6.3 STREE      | T ADDRESS   |  |  |  |
| CiTY+S1+7IP                    | ······································   |                            |   | 6.4 CITY-      |   |  |  |  |
| 14. I do hereb<br>information  | ry certify that the information sup<br>n indicated on this annual repor  | oplied with this filing di | ices not qualit<br>inal report is tr            | iy for the ext | emption state   | ed in Section 119.07(3)(i), Florida Statute<br>lat my signature shall have the same lega | <ol> <li>I further certify that the<br/>Leffect as if made under path: that</li> </ol> |  |

I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attack ment with an address.

SIGNATURE:

May 02 1997 8:00am

Secretary of State